

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 581632	RECEIPT DATE:	06 / 13 / 00
IA NUMBER:	PCT/ JP99 / 06333	IA FILING DATE:	11 / 12 / 99
FAMILY NAME:	CHIKADA	DELAY WAIVED (Y/N):	N
GIVEN NAME:	MICHIYASU	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 12 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	9683/63	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: BRINKS HOFER/GILSON & LIONE

STREET: P O BOX 10395

CITY: CHICAGO

STATE/COUNTRY: IL ZIP: 60610

EMAIL:

APPLICATION TITLES:

COMMUNICATION ~~CONTROL~~ METHOD, COMMUNICATION CONTROL APPARATUS AND STORAGE MEDIUM *CONTROL*

TAB TO LAST POSITION, PUSH SEND

Bib Data Sheet



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SERIAL NUMBER 09/581,632	FILING DATE 06/13/2000 RULE -	CLASS 709	GROUP ART UNIT 2756	ATTORNEY DOCKET NO. 9683/63
APPLICANTS MICHİYASU CHIKADA, CHIBA, JAPAN; TETSUYA TANIGUCHI, KANAGAWA, JAPAN;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP99/06333 11/12/1999				
** FOREIGN APPLICATIONS ***** JAPAN 10/322605 11/12/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/14/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS 17
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 3
ADDRESS BRINKS HOFER GILSON & LIONE PO BOX 10395 CHICAGO ,IL 60610				
TITLE METHOD AND APPARATUS FOR COMMUNICATION CONTROL, AND RECORDING MEDIUM				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Verified and Acknowledged Examiner's Signature <i>WML</i> Initials <i>WML</i>		INDEPENDENT CLAIMS 3		
ADDRESS BRINKS HOFER GILSON & LIONE PO BOX 10395 CHICAGO, IL 60610				
TITLE COMMUNICATION CONTROL METHOD, COMMUNICATION CONTROL APPARATUS AND STORAGE MEDIUM				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	